



**PATIENT**

Tex Fajvan

**PRESENTING CLINICAL SIGNS**

History: Vomiting and anorexic since Friday. Yellow  
BUN= 60. ALT= 586. Alk-pho= 143. T.Bib= 16.7

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**BREED**

Domestic Shorthair

**SEX**

Neutered male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys both measured 3.53 cm. The left kidney measured 4.07 cm.

**AGE**

14 years

**WEIGHT**

9 lbs

**Adrenal Glands**

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.6 cm. The left adrenal gland measured 0.6 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**IMAGING PERFORMED BY**

Dr. Christensen

**HOSPITAL NAME**

Tranquility VC

**Liver**

The **liver** was mildly hypoechoic to the falciform. The gallbladder was elongated and mildly thickened with minor excessive debris.

**REFERRING VET**

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**Gastrointestinal**

The stomach was over distended with fluid. This is consistent with ileus. The pylorus was free of evident pathology; however, fundic stasis is present. This is consistent with ileus. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**DATE**

1/16/23



**PATIENT**

**Pancreas**

Tex Fajvan

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Domestic Shorthair

Gastric ileus.

Cholangitis liver pattern.

Stress adrenal glands.

**SEX**

Neutered male

Age related renal changes.

**AGE**

14 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a mild potential for hepatic neoplasia. FNA of the liver with cytology and culture is indicated. Enrofloxacin and Metronidazole combination as well as Ursodiol therapy is warranted with IV fluid support and nutraceuticals. Further treatment based on FNA results are recommended. Chest radiographs are warranted to assess for concurrent thoracic disease. Prognosis will be based on cytology. Eventual cholecystectomy may be necessary in this patient, but I do not feel that is the primary issue.

**WEIGHT**

9 lbs

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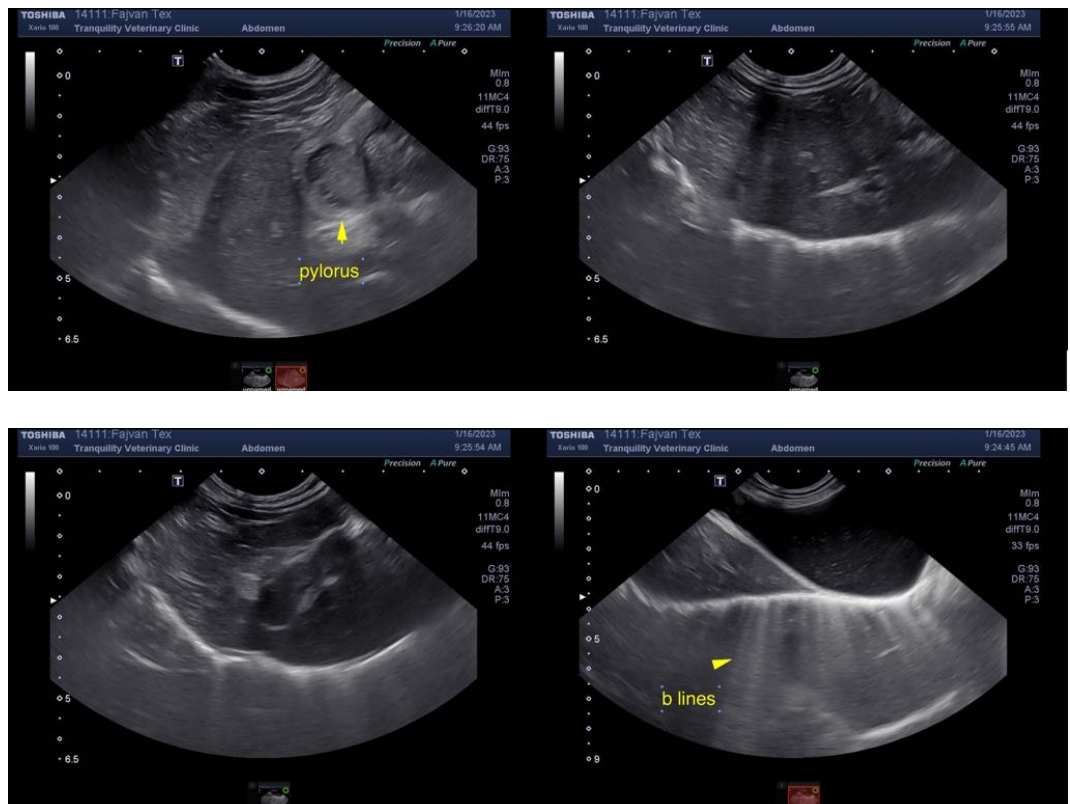
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**PATIENT**

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**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

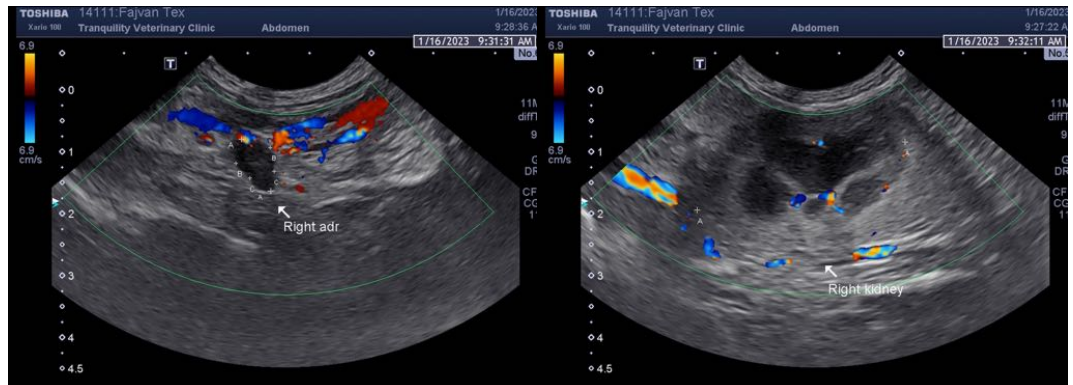
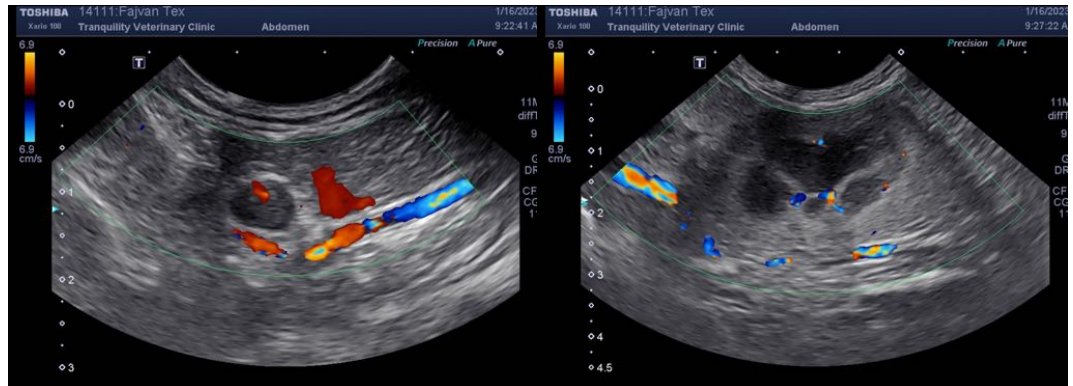
Neutered male

**AGE**

14 years

**WEIGHT**

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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